



**Michigan Department of Education  
Child Nutrition Programs - Security Authorization Form**

School District/Organization/Institution Name		Agreement Number
<b>1. Designated Michigan Education Information System (MEIS) Applications</b> Check boxes below for which Level 3 "Enter/Certify" access rights are being requested.		
<b>a. MICHIGAN ELECTRONIC GRANTS SYSTEM PLUS (MEGS+)</b>  <input type="checkbox"/> School Meals Program  <input type="checkbox"/> Child & Adult Care Food Program - Centers  <input type="checkbox"/> Child & Adult Care Food Program – Family Day Care Home (FDCH) Sponsor  <input type="checkbox"/> Summer Food Service Program  <input type="checkbox"/> Summer Camp Special Milk Program  <input type="checkbox"/> The Emergency Food Assistance Program  <input type="checkbox"/> Commodity Supplemental Food Program  <input type="checkbox"/> Fresh Fruit and Vegetable Program	<b>b. CLAIM FORM</b>  <input type="checkbox"/> School Meals Program  <input type="checkbox"/> Child & Adult Care Food Program - C Claim  <input type="checkbox"/> Child & Adult Care Food Program - FDCH Claim  <input type="checkbox"/> Summer Food Service Program  <input type="checkbox"/> Summer Camp Special Milk Program  <input type="checkbox"/> The Emergency Food Assistance Program (MiND)  <input type="checkbox"/> Commodity Supplemental Food Program (MiND)  <input type="checkbox"/> Fresh Fruit and Vegetable Program (MiND)	
<b>c. LEARS - VERIFICATION SUMMARY REPORT</b>  <input type="checkbox"/> School Meals Program	<b>d. YEAR END REPORT - SM-4012-A/R</b>  <input type="checkbox"/> School Meals Program The Year End Report is not required for schools operating the Special Milk Program ONLY.	
<b>2. Designated Individual (CANNOT BE A FOOD SERVICE MANAGEMENT COMPANY EMPLOYEE)</b> I agree to protect my user ID and password from unauthorized use and understand that all activity under my user ID is my responsibility. I further understand that by reporting Child Nutrition Program data on MEIS, I am certifying the data is true and correct, records are available to support it, and it is in accordance with the terms of the existing Agreement.		
Signature _____ Date _____		* A _____ MEIS Account Number
Print Name _____ Title _____		Telephone Number _____
Email Address _____		
* If you HAVE already established a MEIS account, enter the existing account number above. DO NOT CREATE ANOTHER ONE. * If you do NOT have a MEIS account number, go to: <a href="http://michigan.gov/meis">http://michigan.gov/meis</a> and click on the MEIS logo box at the top of the screen. Click on "Create a MEIS Account" and follow instructions.		
Check if you are a: <input type="checkbox"/> <b>Replacement Designee</b> _____ Name of Former Designated Individual to be Removed from Security Access		
<b>3. Authorization by Superintendent, Administrator, or Institution Official or Owner</b> <b>Public School Academies: Signature of the School Board President is required</b> I attest that the above named individual is authorized to initiate and electronically submit Child Nutrition Program applications to the Michigan Department of Education and to grant Level 1 "Read Only" or Level 2 "Enter/Edit" access rights to other individuals within the organization.		
Signature of Superintendent/Administrator/Institution Official or Owner (Public School Academy: School Board President)		Title _____
<b>4. Mail or fax form to: Ruby Zavala, Michigan Department of Education, GCSS, P.O. Box 30008, Lansing, MI 48909.</b> Fax: (517) 373-4022		

This form must be submitted for **each** individual requesting Level 3 "Enter/Certify" security access rights to any of the Child Nutrition Program applications on the Michigan Education Information System (MEIS). Each organization may designate a maximum of two individuals and must submit a separate form for **each** individual to obtain Level 3 access.

8/2012